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SERIAL NO. FILING DATE **CLAIMS ONLY** CLAIMS AFTER AFTER 2nd AMENDMENT AS FILED 1st AMENDMENT DEP. IND. IND. DEP. IND. DEP. IND. DEP. DEP. DEP. IND. ŧ TOTAL IND. TOTAL IND. **_1** _1 TOTAL DEP. TOTAL DEP. TOTAL CLAIMS 4.4

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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